

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>00/11/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	7-14-00
FORMALITY REVIEW	<i>[Signature]</i>	67362	8/26/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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If more than 150 claims or 10 actions  
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